

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3		2				
4		2				
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50		2				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		2				
52		2				
53		2				
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57		2				
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63		2				
64	1	2				
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66	1	1				
67		1				
68		1				
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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	IND	DEP	IND	DEP	IND	DEP
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100						
TOTAL IND.	5					
TOTAL DEP.	183					
TOTAL CLAIMS	188					